



Stivers, T., & Barnes, R. (2018). Treatment Recommendation Actions, Contingencies, and Responses: An introduction. *Health Communication*, 33(11), 1331-1334.
<https://doi.org/10.1080/10410236.2017.1350914>

Peer reviewed version

Link to published version (if available):
[10.1080/10410236.2017.1350914](https://doi.org/10.1080/10410236.2017.1350914)

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Table 1. Overview of coding dimensions.

Coding Dimension	Options (if applicable)	Explanation	Example (if applicable)
Social action			
	Pronouncement	Physician asserts recommendation as instigator, decision maker and presents as already determined	"I'll start you on X"
	Suggestion	Physician recommends as instigator but treats patient as decision maker and medication as optional	"You could try X"
	Proposal	Physician recommends as instigator but decision making is treated as shared by doctor and patient. Proposals highlight the recommendation as speculative	"Let's try X and see how that goes"
	Offer	Physician treats patient as having instigated recommendation and as the decision maker, thus treating medication as having been occasioned.	"Would you like me to give you X"
	Assertion	Physician's asserts a generalization about a treatment's benefit implying a recommendation but not proffering an overt directive.	"X is good for this"
Strength of Endorsement			
	Weak-Moderate	The recommendation is treated as ranging from likely to improve the patient's health to of only marginal value to the patient	Pronouncement: "I'd like to start you ..." Suggestion: "You might want to think about ..." Proposal: "We could try . . ." Offer: "I'd be willing to let you try X" Assertion: "Some of my patients have felt that X helped them."
	Strong	The recommendation is treated as a necessity or as very important	Pronouncement: "I'm gonna start you on..." Suggestion: "You really ought to try ..." Proposal: "Shall we start on ..." Offer: "I could give you ..."

			Assertion: "Most people find that X relieves their symptoms."
Multiple medications			
	No alternatives	One medication is recommended.	"Try Ibuprofen"
	Patient choice	Patients are offered a fixed number of choices, usually two or three.	"You could use either Tylenol or Motrin"
	Medication list	A series of several medications are mentioned suggesting to the patient that any of that sort of medication is appropriate.	"Try robitussin or triaminic or whatever your favorite cough medicine is"
Medication reference			
	Drug name	The recommendation is made through a specific reference to the name of the drug.	"I'll start you on Amoxicillin"
	Class name	The recommendation is made through a reference to the class (e.g., antibiotics, pain killers, decongestants)	"We can put you on an antibiotic"
	Generic	The recommendation does not specify the class or drug name (e.g., "treatment" or "something")	"I'll give you something for the infection"
	Pronoun	The drug may have been mentioned already but the actual recommendation is made with a reference to the medication by a pronoun.	"Let's give it a try"
Partnership reference			
	Yes/No	A reference to "we" or "us" that invokes the doctor and patient (but not the doctor and other professionals or the institution)	"Let's see how it goes with the cream first"
Opportunity space			
	Yes/No	The physician approaches and reaches a TCU boundary at the end of the treatment recommendation rather than building the turn to avoid such a transition relevance place (TRP).	---
Patient uptake			
	None	The patient does nothing in response to the recommendation turn.	---
	Acknowledgement	The patient's response is not clearly understandable as acceptance but does receipt the physician's turn.	Uh huh, Mm hm,

	Nod	In the absence of a vocal response, there is a head nod in receipt of the physician's recommendation turn.	---
	Acceptance	The patient vocally accepts the physician's recommendation.	Okay, That's fine
	Resistance	The patient vocally resists the physician's recommendation by questioning it, challenging it, countering, proposing or requesting an alternative medication.	"I don't need Y?"; "But I've been on Advil"